

LGU Unit

Documentation of the Assessment Planning Workshop in Tawi-Tawi

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SUMMARY

OPENING PROGRAM

The Tawi-Tawi Assessment Planning Workshop was held at the Dendrobium Conference Room of the Garden Orchids Hotel in Zamboanga City on March 29 to 30, 2004. There were 29 participants from nine municipalities in Tawi-Tawi, ARMM.

The participants were welcomed with several messages from special guests. Dr. Elias J. Sana, Assistant Secretary of DOH-ARMM, expressed gratitude for the interest of MSH/USAID in the health situation of Tawi-Tawi and especially for having selected the same as its first province for the implementation of the LEAD for Health program. Dr. Farida Uka, also of DOH-ARMM gave a message about the prevailing family planning situation in the area.

Marichi de Sagun, Cognizant Technical Officer, OPHN-USAID, explained that the LEAD for Health is a new project of the MSH-USAID. She said they realize that there are other health problems aside from the four components (Family Planning, TB-DOTS, Vit. A Supplementation and HIV-AIDS) of LEAD for Health. She emphasized that there is no single donor group that can help solve all existing health problems. However, the LEAD for Health will try to gain a deeper understanding of the situation and help find resources to address the problems.

Ms. Luz Canave-Anung, the Team Leader for Mindanao then presented the objectives of the workshop and the expected outcome or output. Consequently, she walked the participants through the process and the presented the participatory methods the event will use and their respective purposes, as follows:

Workshop Objectives

At the end of the workshop, the participants will have:

- ☞ Assessed the health situation in the district health zone/municipality in terms of FP, Vitamin A supplementation, TB-DOTS and HIV-AIDS
- ☞ Formulated the Health Strategy and identified priority areas for health development
- ☞ Identified the 3-5 priority areas for assistance from the LEAD Project
- ☞ Agreed on the Next Steps for assessment activities for TA proposal preparation

Workshop Method

Purpose – to have the participants in the group:

- ☞ Contribute thoughts and ideas
- ☞ Build group consensus
- ☞ Formulate innovative and creative solutions to issue and problems
- ☞ Forge a strong sense of stakeholdership and responsibility

Expected Outcome/Output

- ☞ ILHZ situation assessed
- ☞ ILHZ health strategies and priorities
- ☞ Areas for LEAD assistance
- ☞ Identify the “next steps”

The first session, a plenary, was a presentation by Dr. Sukarno U. Asri, the Provincial Health Officer, of the Provincial Health Situation in Tawi-Tawi, after which an open forum followed. (Please refer to Annex #1a for the powerpoint presentation and Annex #2 for the Open Forum documentation).

The second plenary session was a presentation of the LEAD for Health Project by Dr. Eddie Dorotan of the MSH (Annex #1b for the powerpoint presentation). This was also followed by an open forum (See Annex #2).

WORKSHOPS

For the afternoon activities, the participants were divided into three break-out groups, each group corresponding to a district: Group 1 – Bongao, Simunul, Sitangkai; Group 2 – Panglima Sugala, Sapa-Sapa and Tandubas; and Group 3 – South Ubian, Mapun and Turtle Islands. Following methods drawn from the Technology of Participation, the groups underwent workshops with the assistance of assigned facilitator and technical persons.

The three groups underwent a workshop with two parts. The first part (session 2) was a quick look by the participants into the current health reality in their respective municipality – in terms of the existing health indicators in different health areas, particularly family planning, TB-DOTS, Vit A supplementation and HIV-AIDS. Programs and projects were identified and the accomplishments as well as the gaps and needs assessed. Templates were provided and filled out by each LGU group, in response to focus questions, through individual brainstorming session and subsequent group discussion to yield a consolidated group answer.

The second part (session 3), which happened in the morning of the second day of the activity, saw the participants addressing the identified gaps and needs by mapping out and agreeing on a set of health strategies. The session also expected the participants to identify and rank by priority the broad areas of work needing technical and other assistance. Color coding per LGU provided an identification of each LGU’s strategies according to its priorities and the technical assistance needs. The workshops ended with a plenary session where the strategies and technical assistance needs were presented to all guests and participants. The outputs of the three groups are contained in the Workshop Outputs Section.

PRESENTATIONS

During the plenary, the three break-up groups presented their respective outputs on the strategies formulated and the technical assistance needs per LGU. (Please refer to Annex #3). After the open forum, two technical presentations were made by the Department of Health represented by the Undersecretary for Mindanao, Dr. Milagros Fernandez and the PhilHealth represented by Dr. Rossana P. Paraguya, the Division Chief, CPD and Mr. Arnel A. Pios, PhilHealth Accreditation Quality Assurance. Specifically, USEC Fernandez presented a report of the DOH Health Sector Reform Agenda (see Annex #1c) while PhilHealth gave an overview about the benefits and the process of applying for accreditation. An open forum followed, the highlights of which can be found in Annex #2)

NEXT STEPS

After the presentation of the three groups, Dr. Sonny Magboo, the Field Operations Manager of MSH presented the details of the follow up activities to the Assessment Planning Workshop, particularly the In-depth Assessment. He emphasized the necessity of attending the next meeting of the participants on May 25-27 in Bongao. (See Annex #1d).

CLOSING PROGRAM

The highlights of the proceedings for the two days were summarized by Ms. Luz Canave-Anung. After administrative announcements were given, USEC Fernandez of the DOH and Ms. Marichi de Sagun of USAID provided the inspirational and closing remarks.

PROGRAMME

Day and Time	Activity
Day 1 – Am Session	
9:00 – 10:00	Opening Program
10:00 – 10:15	Break
10:15 – 10: 45	Session 1: Presentation on the Provincial Health Situation
10:45 – 11:00	Open Forum
11:00 – 11:30	Presentation on the LEAD for Health Project
11:30 – 11:45	Open Forum
11:45 – 12:00	Workshop Overview
12:00 nm – 1:30 pm	LUNCH
PM Session	
1:30 – 5:00	Session 2: Workshop 1 - Municipal/City Health Situation
Day 2 AM Session	
8:00 – 9:00	Registration
9:00 – 11:00	Session 3: Workshop 2 – Municipal/City Health Strategy and TA Needs Identification
11:00 – 12:00	Session 4: Plenary Session - Presentation of Health Strategies and Priority Areas for Technical Assistance
12:00 – 1:30	LUNCH
PM Session	
1:30 – 2:15	Session 5: Plenary Discussion on Next Steps
2:15 – 2:30	Closing Program

WORKSHOP OUTPUTS

Session 2: The Health Situation

Group 1 **District Health Zone Composed** **of the Municipalities of** **Bongao, Simunul and Sitangkai**

1. Current Health Programs and Projects

AREA OF CONCERN	PROGRAM/PROJECT (Describe Nature and Scope)	DURATION	SOURCE
Family Planning/ MCH	<ul style="list-style-type: none"> • Health Education • Provision of Contraception – no IUD, no trained provider • PAP Smearing • Referrals (BTL, no trained NSV, Treatment of Complications) • Pre-natal, Delivery, Post-natal • Immunization • Nutrition for both mother and child 	All year round because it is a regular program of the DOH	Regular budget from government
TB-DOTS	<ul style="list-style-type: none"> • Case Finding – sputum collection for two weeks chronic cough • Treatment • Surveillance • Insufficient drug supplies 		IPHO – drugs
Vit. A. Supplementation	<ul style="list-style-type: none"> • Detection of Bitot's Spots cases • Provision of Vit. A Caps to 6 mos to 59 mos - Occasions given 		

AREA OF CONCERN	PROGRAM/PROJECT (Describe Nature and Scope)	DURATION	SOURCE
	<p>During Measles – 100,000 units (routine)</p> <p>GP – 200,000 units (2x/year – universal coverage)</p> <p>AP – 10,000 units</p> <p>For sick Children – (routine)</p> <ul style="list-style-type: none"> • Garantiisadong Pambata(2x/year for 12-71 mos) 		
HIV/AIDS (Bongao only)	<ul style="list-style-type: none"> • Case Finding Method used: Master listing (below 20) of sex workers; coordinator goes to beer houses and houses of known carriers; asks for signs and symptoms, vaginal discharges, gram stain (when they go to the hospital for check-up, usually goes in groups) • Contact training – finds out how many and then go after them; only one from Sabah Malaysia • Diagnosis and Treatment – encourages for a regular check-up; prescription • Referrals to Manila 		

OTHER AREAS OF CONCERN	PROGRAM/PROJECT (Describe Nature and Scope)	DURATION	SOURCE
MDP3 (Multi-Donor Program Phase 3) - UNFA, USAID, ILO, AUSAID, WB, etc.	<ul style="list-style-type: none"> • RH Services in PDC (Peace and Development Community) area • INFRA – BHS • Capacity building (health personnel, hilots, BHS, Muslim related) • Project drugs/meds – all essential drugs • IEC 	Nov. 2003 to June 3004	* UNFPA 500,000 more or less

AREA OF CONCERN	PROGRAM/PROJECT (Describe Nature and Scope)	DURATION	SOURCE
* 2 Barangays in Bongao * 1 Barangay in Simunul			
MGP (Matching Grant Program) * 7/35 Barangays in Bongao * 10/15 Barangays in Simunul	<ul style="list-style-type: none"> • Technical Assistance – EPI/TT/FP/Vit.A MWRA (Married Women of Reproductive Age) • Capacity building, CBMIS • Health workers – MHO, PHN, RHM 	2 years (April 2002 – 2004)	DOH funds * Phase I – PHP 150,000/each (Planning) * Phase II – PHP 150,000/each (Monitoring, implementation) Money comes from ARMM then PHO then RHU
CFI (Culion Foundation Inc.)	<ul style="list-style-type: none"> • Leprosy – Treatment and case finding, surveillance • TB – case finding and surveillance • CVD – case finding • Skin Diseases • Capability building and INFRA 	1998 to present	
ACDI-VOCA (Agriculture Cooperative Development International-Volunteer Overseas Cooperative Assistance)	<ul style="list-style-type: none"> • Small grant – PHP 100,000/municipality • IEC activities • Radio-Print Communication Assembly • Program focus on FP, Tb, MCH 		* Contributed by LGU – 20,000 * Community Org (BHW) – 50,000 for initial capital
TRUST Fund	<ul style="list-style-type: none"> • Availability of low cost meds 		* Regular funds (50,000)

AREA OF CONCERN	PROGRAM/PROJECT (Describe Nature and Scope)	DURATION	SOURCE
(Datu Halum Sakkilan Memorial Hospital)			* Recycling drugs/meds * They buy meds directly from the company
JICA (INFRA Project)	<ul style="list-style-type: none"> 12 BHS breakdown to 1 Bongao 3 Sitangkai 1 Simunul 	Completed last Dec. 2003	PHP 509,000/BHS

2. Output by Health Indicator, Management System and Health Financing

BONGAO

AREA OF CONCERN	HEALTH INDICATORS	MANAGEMENT SYSTEM	HEALTH FINANCING
Family Planning	<ul style="list-style-type: none"> Low CPR = 11% Drop out rate = 6.5% 	<ul style="list-style-type: none"> No incentives (transpo allowance) for BHW No training for IUD 	<ul style="list-style-type: none"> No Financial support from LGU
TB-DOTS	<ul style="list-style-type: none"> PTB ranks #2 in mortality #11 Case detection = 95% Cure rate = 66% (has something to do with drugs allocation) 	<ul style="list-style-type: none"> Provision of microscope for TB Reagent – insufficient Medical/Lab supplies (cotton, alcohol, glass slide/rack, lancet) Delayed allocation for TB drugs from DOH-ARMM (sometimes expired or nearing expiration date) 	
Vit. A Supplementation	<ul style="list-style-type: none"> GP Coverage = 100% Routine supplies = 95% 	<ul style="list-style-type: none"> No logistic support from LGU 	

AREA OF CONCERN	HEALTH INDICATORS	MANAGEMENT SYSTEM	HEALTH FINANCING
HIV/AIDS	<ul style="list-style-type: none"> Low prevalence rate 	<ul style="list-style-type: none"> Passive care detection Referral 	

SIMUNUL

AREA OF CONCERN	HEALTH INDICATORS	MANAGEMENT SYSTEM	HEALTH FINANCING
Family Planning	<ul style="list-style-type: none"> CPR = 19.63% Decreased NA = 835 CU = 1695 	<ul style="list-style-type: none"> No trained HP for IUD insertion 	<ul style="list-style-type: none"> No support from LGUs
TB-DOTS	<ul style="list-style-type: none"> Cure rate = 61% CDR = 60% 	<ul style="list-style-type: none"> Provision of equipment/ supplies (Microscope needs additional lens) 	
Vit. A Supplementation	<ul style="list-style-type: none"> CDP Coverage = 99% Routine = 95% 	<ul style="list-style-type: none"> Delayed allocation of drugs from DOH-ARMM 	

SITANGKAI

AREA OF CONCERN	HEALTH INDICATORS	MANAGEMENT SYSTEM	HEALTH FINANCING
Family Planning	<ul style="list-style-type: none"> CPR = below the national target of 45% 	<ul style="list-style-type: none"> No incentives for volunteer No computer No information system (CBMIS) Inaccessible remote areas (Island Barangays) 	<ul style="list-style-type: none"> No financial resources for mobilization No LGU funds for health
TB-DOTS	<ul style="list-style-type: none"> Cure rate = ↓ CDR = ↓ 		
Vit. A Supplementation	<ul style="list-style-type: none"> Achieved targets 		

AREA OF CONCERN	HEALTH INDICATORS	MANAGEMENT SYSTEM	HEALTH FINANCING
HIV/AIDS	<ul style="list-style-type: none"> Zero prevalence rate 	<ul style="list-style-type: none"> Understaffing No communication system No transportation for Island Barangays Irregular supplies and meds e.g. TB, Vit. A, for pregnant mothers; cotton, alcohol, gloves No IEC equipments, e.g. sound system No office supplies and equipments for 3 BHS e.g. table and chairs, examination tables 	

3. Strengths/Accomplishments, Gaps/Needs

AREA OF CONCERN	STRENGTHS/ACCOMPLISHMENTS	GAPS/NEEDS
Family Planning	<ul style="list-style-type: none"> Upgraded/good health facilities (1 RHU and 1 BHS) Good networking with religious, line agencies and some Barangay Captains Available competent health workers Competent health persons (Simunul and Bongao) Active BHWs BHWs helps in re-supplying of contraceptives (Simunul) Sufficient supply of contraceptives Functional Local Health Board (Sitangkai) 	<ul style="list-style-type: none"> Delayed allocation of supplies (ARMM- DOH) Geographical location of areas (Island Barangays) Peace and order unpredictable (Bongao and Sitangkai) Lack of instruments/equipments for FP Lack of financial support from LGU and DOH-ARMM Some personnel not trained on FP Lack of manpower (doctors, nurses, RHM, RSI, MT) No available water transport to far flung areas

AREA OF CONCERN	STRENGTHS/ACCOMPLISHMENTS	GAPS/NEEDS
		<ul style="list-style-type: none"> • Lack of IEC equipment (e.g. sound system) and communication facilities • No incentives for BHW from LGU (Bongao and Sitangkai) • Inadequate incentives for BHW from LGU (Simunul) • Inadequate TEV for health personnel • Some trained health personnel for FP counseling and motivation • Lack of orientation for LGU (All programs) • LGUs need to be oriented on FP/RH (Simunul) • No formal training on BTL, NSV
TB-DOTS	<ul style="list-style-type: none"> • Sufficient supply of TB drugs (Bongao and Simunul) • Active BHWs as treatment partners (Simunul, Sitangkai and Bongao) • Trained personnel on TB-DOTS 	<ul style="list-style-type: none"> • Insufficient supply of some TB drugs (Sitangkai) • Inadequate medical supplies e.g. gloves, reagents, gauge, cotton, plaster. X-ray films, alcohol • Lack of equipment (microscope, sticks and lancets) (Bongao)
Vit. A Supplementation	<ul style="list-style-type: none"> • Sufficient supply of Vit. A (6 – 71 mos) 	<ul style="list-style-type: none"> • Lack of Vit. A supplement for AP-Post-AP
HIV-AIDS	<ul style="list-style-type: none"> • Good referral for proper management (Bongao) 	<ul style="list-style-type: none"> • No trained health personnel for diagnostic procedure for HIV-AIDS • Unregistered sex workers • Unavailability of social hygiene clinic (Bongao)

Group 2

District Health Zone Composed of the Municipalities of Panglima Sugala, Sapa-Sapa, Tandubas

1. Current Health Programs and Projects

PANGLIMA SUGALA

AREA OF CONCERN	PROGRAM/PROJECT (Describe Nature and Scope)	Duration	Source
Family Planning	<ul style="list-style-type: none"> • MGP • CBMIS Updating • NA • CU • Training on ICS and FP Counseling 	<ul style="list-style-type: none"> • '02 - '03 • '02 - '03 • On-going • On-going • On-going 	<ul style="list-style-type: none"> • MSH • GOP • JSI
TB-DOTS	<ul style="list-style-type: none"> • Partnership in Treatment (SPT/X-Ray+) • Case Finding for Malaria, TB, Typhoid, CVD, Hepa B, Leprosy 	<ul style="list-style-type: none"> • On-going until Dec '04 	<ul style="list-style-type: none"> • GOP • CFI
Vit. A	<ul style="list-style-type: none"> • Ligtas Tigdas 2004 • GP Activity 12 to 59 months Routine: 9-11 mos, AP mothers, PP mothers 	<ul style="list-style-type: none"> • Feb 1-29, '04 (100k "iu" - 2/year; 10k "iu" - 2/wk; 200k "iu" - 1/mo) 	<ul style="list-style-type: none"> • UNICEF • HKI • DOH
HIV/AIDS	<ul style="list-style-type: none"> • Campus Tour for HS students 	<ul style="list-style-type: none"> • December (AIDS Awareness Month) 	<ul style="list-style-type: none"> • IPHO • LGU

SAPA-SAPA

AREA OF CONCERN	PROGRAM/PROJECT (Describe Nature and Scope)	Duration	Source
Family Planning	<ul style="list-style-type: none"> Community Survey of couples with 0-59 mo old children Conduct of Mothers' Class Training of RHM's, BHW's on ICS and FP Counseling 	<ul style="list-style-type: none"> 1st & 2nd Qtr '03 1st & 2nd Qtr '03 Once/Qtr '04 4th Qtr '03 and 2nd Qtr '04 	<ul style="list-style-type: none"> MSH CFI JSI
TB-DOTS	<ul style="list-style-type: none"> Information Education Campaign thru Ina Class Community Assembly 	<ul style="list-style-type: none"> Quarterly 	<ul style="list-style-type: none"> CFI
Vit. A	<ul style="list-style-type: none"> Garantisadong Pambata Regular EPI Giving Vitamin A Post Partum Ina AP Mothers 	<ul style="list-style-type: none"> Oct/Apr yearly Monthly Monthly 	<ul style="list-style-type: none"> LGU GOP HKI
HIV/AIDS	<ul style="list-style-type: none"> IEC thru Ina Class School Campus Tour 	<ul style="list-style-type: none"> Twice/year 	<ul style="list-style-type: none"> CFI

TANDUBAS

AREA OF CONCERN	PROGRAM/PROJECT (Describe Nature and Scope)	Duration	Source
Family Planning	<ul style="list-style-type: none"> MGP Family Planning CBMIS Survey MGP Vitamin A MWRA 0-59 mo old children Training of selected RHM's (FP Counseling, Basic Compre Course, ICS, Basic FP Course) Training of BHW's in FP/ARI/CDD/Leprosy 	<ul style="list-style-type: none"> Jan '04 March 2004 	<ul style="list-style-type: none"> MSH JSI CFI

AREA OF CONCERN	PROGRAM/PROJECT (Describe Nature and Scope)	Duration	Source
TB-DOTS	<ul style="list-style-type: none"> • Case Finding • Treatment • Follow up Defaulters • IEC 	<ul style="list-style-type: none"> • On-going 	<ul style="list-style-type: none"> • GOP
Vit. A	<ul style="list-style-type: none"> • Routine Vitamin A Supplementation 	<ul style="list-style-type: none"> • On-going 	<ul style="list-style-type: none"> • GOP
HIV/AIDS	<ul style="list-style-type: none"> • IEC thru Ina (Mother's) Class 	<ul style="list-style-type: none"> • On-going 	<ul style="list-style-type: none"> • GOP

2. Output by Health Indicators, Management System and Health Financing

PANGLIMA SUGALA

AREA OF CONCERN	HEALTH INDICATORS	MANAGEMENT SYSTEM	HEALTH FINANCING
Family Planning	<ul style="list-style-type: none"> • CPR – 24% • NA • CU • DOR 	<ul style="list-style-type: none"> • Trained staff • Availability of logistics • Regular delivery of FP supplies to RHU • Updated DUTR & Baranggay Worksheet/ FHSIS • Not all health personnel trained on Basic Compre 	<ul style="list-style-type: none"> • Voluntary donations from clients • LGU assistance during special activities • Lack of updates, new information about Sentrong Sigla, PhilHealth, Health Sector Reform Agenda (and other income sources)
TB-DOTS	<ul style="list-style-type: none"> • CD Rate = 28% • Cure Rate = 94% • Conversion Rate = 94% 	<ul style="list-style-type: none"> • Identification of PT 3 (-) sputum (X-Ray +) • Sputum (+) • SCC drugs from IPHO 	<ul style="list-style-type: none"> • MGP • GOP • KHI • LGU

AREA OF CONCERN	HEALTH INDICATORS	MANAGEMENT SYSTEM	HEALTH FINANCING
		<ul style="list-style-type: none"> • TB Registry updated • COHORT Report Rate increase • Report on new cases and relapses • RHU needs to have rainwater catchments • No regular transportation to catchments • Hard to reach areas (17 barangays in all) • High cost of hiring transportation 	<ul style="list-style-type: none"> • BHWs receive incentives from LGUs • P 1 M prize for being Sentrong Sigla awardee NOT Received
Vit. A Supplementation	<ul style="list-style-type: none"> • GP • Coverage • <5 = 124% • AP/PP • 9-11 mos = 91% 	<ul style="list-style-type: none"> • Child Health Care and Dev't Report • Lack of Vitamin A 10k "iu" • (3) BHS have no building; (1) BHS and (1) RHU needs repair 	

SAPA-SAPA

AREA OF CONCERN	HEALTH INDICATORS	MANAGEMENT SYSTEM	HEALTH FINANCING
Family Planning	<ul style="list-style-type: none"> • Tradition/Beliefs: "The More Children, the better" • PHNs, RHMs, BHWs lack skills in ICS and FP Counseling • Lack of knowledge in FP Contraceptive Methods • Pop: 28,294 ('04) 	<ul style="list-style-type: none"> • Trained PHN & RHMs • Availability of manpower • Well-organized staff • Availability of FP records • Examining Table for FP • Cabinets for drugs/meds 	<ul style="list-style-type: none"> • GOP assistance • Voluntary donations • JSI

AREA OF CONCERN	HEALTH INDICATORS	MANAGEMENT SYSTEM	HEALTH FINANCING
	<ul style="list-style-type: none"> Drop-Out Rate is high Average family has 5 to 7 members 	<ul style="list-style-type: none"> Computer for data-banking Dilapidated hospital building No generator at RHU 	
TB-DOTS	<ul style="list-style-type: none"> CD = 23% Cure Rate = 100% 	<ul style="list-style-type: none"> No allowance from LGU BHWs do case finding and follow up Diligent MedTech Need for sea transport Ceiling travel allowance for PHN is Ps 400/mo & for RHM = Ps 300/mo 	<ul style="list-style-type: none"> GOP assistance CFI “Drop Your Little Donation”
Vit. A Supplementation	<ul style="list-style-type: none"> 25 years * 3,254 GP = 99% Routine = 91% coverage Supplemental AP & PP = 100% 	<ul style="list-style-type: none"> Child Health Care and Dev’t Report Lack of Vitamin A 10k “iu” (3) BHS have no building; (1) BHS and (1) RHU needs repair 	<ul style="list-style-type: none"> GOP HKI LGU

TANDUBAS

AREA OF CONCERN	HEALTH INDICATORS	MANAGEMENT SYSTEM	HEALTH FINANCING
Family Planning	<ul style="list-style-type: none"> CPR = 21% NA = 843 	<ul style="list-style-type: none"> Availability of FP supplies Well organized staff Well motivated health workers FP records intact Trained HP on FP/RH FP Clinic 	<ul style="list-style-type: none"> Special events (LGU, CFI, HKI) Voluntary donation for fuel and snacks from both clients and RHU staff)

AREA OF CONCERN	HEALTH INDICATORS	MANAGEMENT SYSTEM	HEALTH FINANCING
		<ul style="list-style-type: none"> • Many hard to reach baranggays 	
TB-DOTS	<ul style="list-style-type: none"> • CD = 64% • Cure Rate & Treatment Rate = 32% 	<ul style="list-style-type: none"> • Availability of SCC supplies • Many hard to reach baranggays 	
Vit. A Supplementation	<ul style="list-style-type: none"> • GP = 120% • Routine Supplies (9-11 mos children) = 102% 	<ul style="list-style-type: none"> • Availability of Vit. A supplies • Lack of equipment and other supplies • Dilapidated BHS (1) • Many hard to reach baranggays 	<ul style="list-style-type: none"> • GOP • HKI • LGU
HIV/AIDS	<ul style="list-style-type: none"> • IEC • Activity during World AIDS Day in December 	<ul style="list-style-type: none"> • Lack of IEC materials • HPs do not feel motivated to go to hard-to-reach baranggays. Seek financial remuneration • Pop: 26,847 	

3. Strengths/Accomplishments and Gaps/Needs

PANGLIMA SUGALA

AREA OF CONCERN	STRENGTHS/ACCOMPLISHMENTS	GAPS AND NEEDS
Family Planning	<ul style="list-style-type: none"> • Adequate FP supplies and logistics • FP/RH counseling for Pre-marriage requirement • Midwife paid by municipal government • Active BHWs • Campus tour Adolescence Reproductive Health = able to increase awareness among youth • Involvement of Ulamas in IEC (Ulamas trained in 	<ul style="list-style-type: none"> • Lack of IEC materials • Need Training of HP on Basic Compre • Utilization of CBMIS to detect unmet needs of family • Non functional LHB • No “Botica sa Baranggay”

AREA OF CONCERN	STRENGTHS/ACCOMPLISHMENTS	GAPS AND NEEDS
	Reproductive Health) (UNFPA) <ul style="list-style-type: none"> • Couples' Class = facilitates advocacy for FP among men • LGU/RHU linkages and collaboration 	
TB-DOTS	<ul style="list-style-type: none"> • Presence of MedTech • Adequate supply of SCC meds • Well oriented BHWs • Increased cure rate (94%) 	<ul style="list-style-type: none"> • Delayed arrival of Ethambutol tablet • Lack of sputum cup, • Lack of syringes and distilled water • Trained DOTS partner • Lack FHSIS Ledger • Poor FHSIS Filing system/Record Keeping • 1 M Sentrong Sigla award not received • Inability to meet Sentrong Sigla requirement due to lack of adequate health facility
Vit. A Supplementa-tion	<ul style="list-style-type: none"> • Vit. A coverage = 91% • Availability of Vit. A supplies • Receive assistance from HKI during GP* activity 	<ul style="list-style-type: none"> • Provision of adequate supplies of Vit. A for pregnant women (10k IU) • Supplies received near expiry • Transportation facilities to reach out to hard to reach areas • No healthcare financing (PhilHealth)
HIV/AIDS	<ul style="list-style-type: none"> • Awareness of HP on HIV/AIDS 	<ul style="list-style-type: none"> • No trained Med Tech on HIV/AIDS detection • Need training on HIV/AIDS management and prevention • Lack of communication facilities • Lack of regular midwives • Problems related to geography (many hard to reach areas)
Others (Malaria)		<ul style="list-style-type: none"> • Increased incidence of malaria

AREA OF CONCERN	STRENGTHS/ACCOMPLISHMENTS	GAPS AND NEEDS
		<ul style="list-style-type: none"> • Lack of provision of adequate anti-malarial drugs • Doctorless RHU • Observation Study Tour for LGU/HP to successful project areas

** Now called “Child Health Care and Development”*

SAPA-SAPA

AREA OF CONCERN	STRENGTHS/ACCOMPLISHMENTS	GAPS AND NEEDS
Family Planning	<ul style="list-style-type: none"> • Adequate supply of contraceptive methods • Availability of trained personnel • Strong collaboration with some LGUs • Availability of manpower • Good community awareness on the availability of contraceptives/methods of birth control 	<ul style="list-style-type: none"> • Provision of FP equipments like examining table, mayo stand • Training of health personnel on FP compre • Provision of computer for data banking • Provision of water “Rain Catchments” • Training of HP on ICS and FP counseling • Provision of filing cabinet for FP records • Dilapidated district hospital
TB-DOTS	<ul style="list-style-type: none"> • Adequate SCC supply and other TB meds • Dedicated and diligent Med Tech • Active and committed volunteers • Community are well aware of availability of TB services at center • Availability of reports and records at center 	<ul style="list-style-type: none"> • Low ceiling of regular monthly TEVs • No incentives for BHWs
Vit. A Supplementa-tion	<ul style="list-style-type: none"> • Adequate supply of Vit. A • Strong collaboration with some LGUs and DSP-SD (help in cash and kind from mayors, 	<ul style="list-style-type: none"> • Unavailable 10k IU VAC

AREA OF CONCERN	STRENGTHS/ACCOMPLISHMENTS	GAPS AND NEEDS
	<p>councilors, brgy captains. Also help in gathering people)</p> <ul style="list-style-type: none"> • Good linkages with NGOs, CFI, HKI • Active and committed volunteers 	
HIV/AIDS	<ul style="list-style-type: none"> • Awareness of HP on HIV/AIDS 	<ul style="list-style-type: none"> • Training of health personnel on HIV/AIDS management and prevention
Others		<ul style="list-style-type: none"> • Provision of malaria drugs and house spraying drugs and meds • Non existence of Botica sa Baranggay • PhilHealth accreditation of RHU/hospital district • Reaching out to catchments areas (tides, rough waves, pump boat) • No regular monthly allocation for maintenance and operation • Non functional health board • Non-inclusion of health activities in municipal budget • No fuel to run genset • Provision of powerhouse • Provision of sea transport like pump boat • No regular monthly allocation for maintenance and operation

TANDUBAS

AREA OF CONCERN	STRENGTHS/ACCOMPLISHMENTS	GAPS AND NEEDS
Family Planning	<ul style="list-style-type: none"> • Increased number of New Acceptors 	<ul style="list-style-type: none"> • Training of HWs on IVD, BTL, NSV

AREA OF CONCERN	STRENGTHS/ACCOMPLISHMENTS	GAPS AND NEEDS
	<ul style="list-style-type: none"> Well-organized and -motivated HWs Trained HP Availability of contraceptive FP records intact 1 RHM trained on Basic FP & ICS 	<ul style="list-style-type: none"> Provision of D&C set Provision of examining table Continuous regular delivery of contraceptive supplies
TB-DOTS	<ul style="list-style-type: none"> Increased Detection Rate (64%) Presence of Med Tech Availability of SCC drugs 	<ul style="list-style-type: none"> Training of 1 TB microscopist Provision of equipment like complete set of Oxygen, nebulizer, generator set (alternatively) provision of car battery and inverter Other medical supplies (gloves, mask) Regular provision of TB drug and on-time delivery Lack of timer, thermometer, for health workers' use Lack of communication facilities Provision of complete set of computer system and sea transport
Vit. A Supplementation	<ul style="list-style-type: none"> Active BHWs Midwife and nurse paid by provincial government (+) Response of children to Vit. A capsules Increased Vit. A capsules Accomplishment 	<ul style="list-style-type: none"> Provision of adequate supply of VAC (pregnant women, children) Lack of VAC (10k, 100k, 200k IU) VAC delivered near expiry
HIV/AIDS	<ul style="list-style-type: none"> Awareness of HP 	<ul style="list-style-type: none"> Training of med Tech on HIV/AIDS Provision of IEC materials and screening device
Others		<ul style="list-style-type: none"> MHO has to treat patients from other municipalities who do not have their own doctor

AREA OF CONCERN	STRENGTHS/ACCOMPLISHMENTS	GAPS AND NEEDS
		<ul style="list-style-type: none"> • Lack of CDD–ARI drugs like ORS, IVFs with veno-sets, Cotrimoxazole drugs • Lack of injectable antibiotic for severe cases of pneumonia (Benzyl Pen and Gentamicin) • Malaria Program: inadequate supply of anti-malaria drugs • Maintenance of existing light bills of RHU/MHC • Renovation of 1 dilapidated BHS • No functional LHB • Non-inclusion of Health in municipal budget • Lack of health financing like PhilHealth Accreditation • No regular support from LGU

Highlights of the Discussion:

- Malaria Program Needed – Malaria is very prevalent and yet there are no programs to address it
- Communication and Transportation - needed to cope with the geography of the Tawi-Tawi municipalities which are mostly hard to reach and to contact island municipalities/barangays). RHUs need sea transport to reach many barangays in their scope of responsibility
- Lack of Updated Information on PhilHealth, Sentrong Sigla, Health Sector Reform Agenda
- Lack of support from LGU – this stems from fact that RHUs have not been devolved to the local government
- Magna Carta
- Most RHUs need powerhouse
- Supplies are either inadequate or do not arrive on time, or both

Issues/Questions Raised:

- Can USAID/Lead for Health develop a program that will address the malaria problem?
- Devolution of RHU to LGU – how to get support and cooperation of LGU

Group 3

District Health Zone Composed of the Municipalities of South Ubian, Mapun and Turtle Island

1. Current Health Programs and Projects

SOUTH UBIAN

AREA OF CONCERN	PROGRAM/PROJECT (Describe Nature and Scope)	DURATION	SOURCE (Foreign/Local)
Family Planning	<ul style="list-style-type: none"> • Routine Program: <ul style="list-style-type: none"> ○ Dispensing of contraceptive methods – condom, pills and DMPA ○ Conduct of Mothers' classes ○ Consultation and counseling • Radio Program 	} continuous 2005	DOH Culion Foundation, Inc. (CFI)(ANESTAD –Spain)
TB-DOTS	<ul style="list-style-type: none"> • Routine Program: <ul style="list-style-type: none"> ○ Conduct of sputum microscopy ○ Provision of TB drugs to sputum (+) cases ○ Consultation ○ Acceptance of referral from private physicians • Radio Program 	} Continuous 2005	DOH CFI
Vitamin A Supplementation	<ul style="list-style-type: none"> • Conduct of “Garantisadong Pambata” activities • EPI immunization for 9-11 yrs old and during measles immunization 	}	

AREA OF CONCERN	PROGRAM/PROJECT (Describe Nature and Scope)	DURATION	SOURCE (Foreign/Local)
	<ul style="list-style-type: none"> Pre-natal check up for 4 months pregnant women – given 10,000 IU of Vit A twice a week Mop-up activity for high risk children in hard to reach areas as supplemental activity Radio Program 	Continuous 2005	DOH and Hellen Keller, Inc. CFI
Others:	<ul style="list-style-type: none"> Case finding: mass collection of blood smear Routine consultation Dispensing of malarial medicines Radio Program 	} continuous 2005 2005	DOH-ARMM CFI CFI
Malaria			
ARI	<ul style="list-style-type: none"> Routine consultation Dispensing of medicines Health education Radio Program 	Continuous 2005 2005	CFI CFI
Control of Diarrheal Diseases	<ul style="list-style-type: none"> Information, Education Campaign ORS (ORT) Environmental Sanitation Radio Program 	2005 Continuous 2005	CFI CFI
Skin Diseases	<ul style="list-style-type: none"> Quarterly active case finding Consultation Dispensing of medicine (ointment, etc) Information, education campaign 	2005 Continuous 2005	CFI CFI

MAPUN/TURTLE ISLAND

AREA OF CONCERN	PROGRAM/PROJECT (Describe Nature and Scope)	DURATION	SOURCE (Foreign/Local)
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AREA OF CONCERN	PROGRAM/PROJECT (Describe Nature and Scope)	DURATION	SOURCE (Foreign/Local)
Family Planning	<ul style="list-style-type: none"> • Provision of contraceptive methods – condom, pills and DMPA • Consultation and counseling • Information, Education campaign • Referral of patients 	} Continuous	DOH
TB-DOTS	<ul style="list-style-type: none"> • Case finding • Sputum microscopy • Treatment with TB drugs • Sputum follow-up exam • Referral for chest x-ray 	} Continuous	DOH
Vitamin A Supplemen-tation	<ul style="list-style-type: none"> • Provision of pre-natal care for pregnant mothers – 2nd trimester • Provision of post-partum care • Provision for 9-11 months old and for 12-59 months 	} Continuous During GP and 9 months immunization	Hellen Keller, Inc.
Others: Malaria	<ul style="list-style-type: none"> • Case finding in endemic areas • Malarial smear • Treatment • Information, education campaign 	} Continuous	DOH-CFI
Control of Diarrheal Diseases	<ul style="list-style-type: none"> • Consultation • Environmental sanitation • ORS • Information, education campaign 	Continuous 2005	CFI CFI

AREA OF CONCERN	PROGRAM/PROJECT (Describe Nature and Scope)	DURATION	SOURCE (Foreign/Local)
ARI Capability building (for Turtle Island only) Advocacy/ Information	<ul style="list-style-type: none"> • Consultation • Treatment • Information, education campaign 	Continuous	CFI
	<ul style="list-style-type: none"> • Training of Barangay Health Workers • Consultation 	Not known Continuous 2005	World Wildlife Foundation (WWF)
	<ul style="list-style-type: none"> • Radio program 	2005	CFI

1. Output by Health Indicators, Management System and Health Financing System

SOUTH UBIAN

AREA OF CONCERN	HEALTH INDICATORS	MANAGEMENT SYSTEM	HEALTH FINANCING
Family Planning	<ul style="list-style-type: none"> • Low contraceptive prevalence rate • Increasing acceptors for all methods (964 in 2003) • Increasing number of current users for all methods (498 for 2003) • Increasing drop-outs – 194 for 2004 • Availability of family planning materials for IEC 		<ul style="list-style-type: none"> • No plan yet for eventual contraceptive pull-out
TB-DOTS	<ul style="list-style-type: none"> • Low cure rate – 20% • Low case detection rate – 39% 	<ul style="list-style-type: none"> • Only one copy of TB-DOTS manual for the whole municipality 	

AREA OF CONCERN	HEALTH INDICATORS	MANAGEMENT SYSTEM	HEALTH FINANCING
Vit. A Supplementation	<ul style="list-style-type: none"> • GP accomplishment – 108% • Routine Vit A: • 9-11 mos – 108% • 0-59 mos – 94% 		
Others: Malaria	<ul style="list-style-type: none"> • Malaria is the number one killer 		<ul style="list-style-type: none"> • No sustainable funding for malaria control
For all Health areas		<ul style="list-style-type: none"> • Bloated population of 24,244 based on the NSO vs actual population which is half the said figure • Understaffed – no Municipal Health Officer and no Medical Technologist • Non-functional local Health Board • Updated CBMIS • Inadequate and delayed release of TEVs • RHU needs renovation • Inadequate supplies and medicines • 100% active and functional BHWs • High morale of health workers at RHU level 	<ul style="list-style-type: none"> • Gets donation for health services • No id3ea on PhilHealth enrollees (info/distribution of IDS done at province level only) • LGU counterpart for BHW incentives (P500/BHW for 33 BHWs) • Supportive LGU (but on a case to case basis) • No local initiatives to source our funds for health

AREA OF CONCERN	HEALTH INDICATORS	MANAGEMENT SYSTEM	HEALTH FINANCING
		<ul style="list-style-type: none"> • Accessible referral hospital for non-complicated cases • No PhilHealth accredited facility 	

MAPUN/TURTLE ISLAND

AREA OF CONCERN	HEALTH INDICATORS	MANAGEMENT SYSTEM	HEALTH FINANCING
Family Planning	<ul style="list-style-type: none"> • Low CPR for all methods • Low number of acceptors of different methods • Availability of FP materials for IEC • Drop outs – not significantly increasing nor decreasing 	<ul style="list-style-type: none"> • Insufficient skills in FP counseling • Accessible but not adequately equipped referral hospital 	<ul style="list-style-type: none"> • No plan yet for eventual contraceptive pull-out
TB-DOTS	<ul style="list-style-type: none"> • High cure rate – 65% • Low detection rate – 49% • TB is 5th cause of mortality and morbidity 	<ul style="list-style-type: none"> • No trained personnel on TB DOTs • Only 1 TB-DOTS manual for the whole municipality 	
Vit. A Supplementation	<ul style="list-style-type: none"> • Routine: <ul style="list-style-type: none"> ○ 9-11 mos – 55% ○ 12-59 mos – 17% 		
For all Health Areas		<ul style="list-style-type: none"> • Updated and functional CBMIS • Non functional local health board • Inadequate and delayed release of TEVs 	<ul style="list-style-type: none"> • LCE actively seeks funding for health • No Philhealth enrollment • With laboratory fees

		<ul style="list-style-type: none"> • Inadequate medicines and supplies • RHU laboratory offers only malarial smear, sputum microscopy, glucose determination • 28/260 trained BHWs are active 	
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2. Strengths/Accomplishments and Gaps/Needs

SOUTH UBIAN

AREA OF CONCERN	STRENGTHS AND ACCOMPLISHMENTS	GAPS AND NEEDS
Family Planning	<ul style="list-style-type: none"> • Adequate IEC materials on FP • Increasing number of new acceptors in the area • Contraceptive methods always available (condom, pills and DMPA) 	<ul style="list-style-type: none"> • BHW needs training on FP • No plan for contraceptive self-reliance
TB-DOTS	<ul style="list-style-type: none"> • NTP drugs always available 	<ul style="list-style-type: none"> • Needs full-time Microscopist for TB • Inadequate IEC materials on TB • Inadequate guide for the implementation of TB-DOTS • Passive approach to case finding • Insufficient supply of sputum cups and slides • Needs quality assurance training on DOTS
Vit. A Supplementation	<ul style="list-style-type: none"> • High community awareness on Vit. A • High accomplishment on GP activities 108% • Vit. A always available • Adequate IEC materials on Vit. A 	
HIV/AIDS		

AREA OF CONCERN	STRENGTHS AND ACCOMPLISHMENTS	GAPS AND NEEDS
Health financing	<ul style="list-style-type: none"> • Supplemental TEV's from HKI • Presence of MGP in the area • Support from CFI (Culion Foundation Inc) • LGU provide financial assistance for special programs • LGU counterpart on BHW incentives 	<ul style="list-style-type: none"> • Inadequate and delayed release if TEV's • More information on PhilHealth programs • Inconsistent LGU for health
Management of health services delivery	<ul style="list-style-type: none"> • Committed and gender sensitive health workers • Health workers came from and live in the area • Involvement of Muslim religious leaders • 85% involvement of community and barangay officials • Harmonious relationship among the health workers • Radio-based IEC elicits community awareness • BHW with skills to provide basic health services • Able to implement programs despite no "MHO" • 100% active and functional BHW's • High morale health workers • Support from technical staff and from the PHO • Support from District Chief 	<ul style="list-style-type: none"> • Limited supply of malarial meds • Needs for increase and early release of TEV's • Non-functional Local Health Boards • Needs for transportation (pumpboat.speedboat) • Donor driven health projects • Needs for communication equipments • No ordinances on support of health programs • Inadequate meds and basic medical supplies (for CDD and ARI) • RHU needs renovation

MAPUN/TURTLE ISLAND

AREA OF CONCERN	STRENGTHS/ACCOMPLISHMENTS	GAPS AND NEEDS
Family Planning	<ul style="list-style-type: none"> • Available logistics for FP • Involvement of religious leaders 	<ul style="list-style-type: none"> • Only one trained on IUD insertion • No plan for contraceptive self-reliance • Stocks out of DMPA and other medical supplies • Less community-based IEC activities
TB-DOTS		<ul style="list-style-type: none"> • Inadequate guide for the implementation of TB-DOTS • Health workers lack training on DOTS • No quality assurance training on DOTS • Inadequate supply of slides and sputum cups • Insufficient supply of TB drugs • Drugs near expiry dates <p>Drugs not suitable for type of client (category 1 vs. 2)</p>
Health financing	<ul style="list-style-type: none"> • Support from CFI (Culion Foundation, Inc) • LGU provides counterpart financing 	<ul style="list-style-type: none"> • Indigent clients lack capacity to pay health fees • Inadequate information on the PhilHealth program • Unclear budgetary allocation for the different health programs
Management of health services delivery	<ul style="list-style-type: none"> • Good relationship between health workers and clients • Gender sensitive health workers 	<ul style="list-style-type: none"> • Inadequate and delayed TEV's • Non-functional Local Health Board • Non-supportive LGU (specific to Turtle Island where

AREA OF CONCERN	STRENGTHS/ACCOMPLISHMENTS	GAPS AND NEEDS
	<ul style="list-style-type: none"> • Highly supportive Chief of District Hospital • Partnership approach in addressing health problems (DOH/LGU/NGO/PO) • LCE's of LGU's province wide generally supportive to DOH programs • Harmonious relationship among RHU staff • BHWs with skills to provide basic health services • Competent medical technologist • Acceptance of the community to health programs • Support from TSD and PHO 	<p>there are many financing opportunities, but these are not used and maximized)</p> <ul style="list-style-type: none"> • Misplaced or vague health priorities • Inadequate transportation (pump/speedboat) • Delayed arrival of medical supplies due to distance and lack of transportation • Lack of computer for data recording

Session 3: Strategy Formulation and TA Needs Identification

Group 1
District Health Zone Composed
of the Municipalities of
Bongao, Simunul and Sitangkai

1. Health Strategy Formulation

PRIORITY STRATEGIES
PROVIDE CAPABILITY BUILDING ON THE FOLLOWING AREAS <ul style="list-style-type: none">• BTL and NSV• Comprehensive F.P.• F.P. Counseling• Quality Assurance on TB smears• CBMIS
IMPROVE DELIVERY OF FP/TB HEALTH SERVICES TO INACCESSIBLE AREAS THROUGH THE PROVISION OF APPROPRIATE TRANSPORTATION FACILITIES. <ul style="list-style-type: none">• Sitangkai – pump boat• Boangao/Simunul – multicab• IPHO – speed boat
STRENGTHEN FP/TB SERVICE DELIVERY AND IEC THROUGH THE PROVISION OF THE FOLLOWING

PRIORITY STRATEGIES
<p>EQUIPMENTS:</p> <ul style="list-style-type: none"> • computer and printer • audio/video system • fax machine (Bongao) • camera and megaphones • IUD kit • microscope • slides, sputum cups, x-ray film • Radio communication in Simunul and Sitangkai <p>PROVIDE QUALITY HEALTH SERVICES BY UPGRADING HEALTH FACILITIES TO SS CERTIFICATION AND PHILHEALTH ACCREDITATION</p>

COMMON STRATEGIES
<p>EMPOWER COMMUNITY AND RELIGIOUS LEADERS TO SUPPORT TB-DOTS AND FAMILY PLANNING</p> <p>COORDINATE WITH PNP/AFP/LGU FOR AREAS WITH PEACE AND ORDER PROBLEMS FOR CLEARANCE AND SECURITY REASONS</p> <p>RECOMMEND TO DOH-CENTRAL DELIVERY OF SUPPLIES DIRECT TO CONSIGNEE.</p> <p>SUSTAIN/ACTIVATE LOCAL HEALTH BOARD TO SUPPORT:</p> <ul style="list-style-type: none"> • manpower augmentation • additional TEVs for health personnel • incentives for BHW • Social hygiene clinic in Bongao • enrollment of indigents to PhilHealth • budget for essential drugs and medicines

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2. Priority Areas for LEAD Technical Assistance

AREA OF CONCERN	AREAS FOR TECHNICAL ASSISTANCE
Family Planning	<ul style="list-style-type: none"> • BHW Competency-base training • Establish group counseling approach for sterilization • Client orientation on updates in new guidelines and in client education • IUD insertion training for Nurses and Midwives • Tubal ligation and NSV training for doctors & nurses • Using information for managing services: method mix, stock management, estimating coverage, etc.
TB-DOTS	<ul style="list-style-type: none"> • Improving case finding • Expanding implementation of community-based DOTS support
HIV/AIDS	<ul style="list-style-type: none"> • Refresh and update staff and add new skill re: reaching new target groups • Train additional workers in HIV education and counseling for prevention; STI management, condom use and negotiation skills; LGU advocacy • Strengthen HIV and STI surveillance • Design intervention strategies for specific high risk group • Strengthen implementation of multi-sectoral HIV-AIDS- STI council decisions; fund allocation, implementation plans, expenditure approval process

MIS	<ul style="list-style-type: none"> • Implement CBMIS adding TB health indicators and disease surveillance
Drug Logistics	<ul style="list-style-type: none"> • Inventory management (Facility level, LGU level)
Policy/Governance	<ul style="list-style-type: none"> • Support strategies for increased LGU financing of FP, etc. • CSR plan designs and implementation
Management	<ul style="list-style-type: none"> • Supervision – strengthen technical support role of PHN, RMs, etc.

Highlights of the Discussion:

- Delayed allocation of supplies from LGU
- Problem with the flow of funds. It was stressed that there is bureaucracy in the distribution of funds from the Office of the Regional Government (ORG) to the DOH-ARMM. The flow of funds starts from the DBM to the ORG, to the DOH-ARMM and last to the IPHO and DHS.
- Provision of appropriate health care services to far flung areas.

Group 2 District Health Zone Composed of the Municipalities of Panglima Sugala, Sapa-Sapa, Tandubas

1. Health Strategy Formulation

AREA OF CONCERN	SPECIFIC ACTIONS
Malaria	<ul style="list-style-type: none"> • Provision of malaria laboratory reagents, drugs/meds, insecticides for HH spraying and mosquito nets impregnation • Continues radio-plugging on malaria “Iwasan Kagat ng Lamok” • Health care financing (IGP)

AREA OF CONCERN	SPECIFIC ACTIONS
	<ul style="list-style-type: none"> • Hiring of malaria “FAW” contractuels for preventive and control measures • Hiring of doctor (P. Sugala) • PhilHealth accreditation for RHUs (P. Sugala only)
Control For Diarrheal Diseases	<ul style="list-style-type: none"> • Provision of adequate supply of CDD-ARI drugs and med supplies like ORS and IVRS with veno sets, Cotrimoxazole, Salbutamol tabs, Paracetamol, injectable antibiotics for severe cases of pneumonia like Benzyl, Chloramphenicol and Gentamicin
Vitamin A	<ul style="list-style-type: none"> • Provision of Vit. A (10k IU for pregnant women) • Early requisition and provision of Vit. A supplies • Provision of fast craft transportation facility • Provision of communication facilities (computer, satellite, i-com) • Hiring of regular midwives (P. Sugala only) • Provision of computer for record keeping thru FHSIS • Activate the municipal Local Health Board • Advocate for increase of budget for RHU (Sapa-Sapa only) • Advocate for provision of incentives for BHWs (Sapa-Sapa only)
HIV/AIDS	<ul style="list-style-type: none"> • Training of hp on HIV/AIDS management and protection • Training of med tech on HIV/AIDS detection • Provision of IEC materials in HIV/AIDS
Family Planning	<ul style="list-style-type: none"> • Training of HP on FP Basic and Compre • Training of HP on ICS and FP counseling • Establishment of Botica sa Baranggay • Provision of examining table and mayo stand with tray, D&C set, other equipment • Provision of field maintenance for gen set and light bill • OST to successful project areas • Additional manpower to cover depressed areas • Provision of filing cabinets (Sapa-Sapa only) • General repair of district hospital and 1 BHS

AREA OF CONCERN	SPECIFIC ACTIONS
	<ul style="list-style-type: none"> • Establishment of RHU water catchments and powerhouse • IEC provision on FP (P. Sugala only) • Provision of sea transportation like pump boat
TB-DOTS	<ul style="list-style-type: none"> • Provision of adequate TB drugs/SCC • Inquiry re p 1 m Sentrong Sigla award (P. Sugala only) • Provision of lab reagents for sputum exam • Provision of sputum cups, syringe, and distilled water • Increased ceiling of regular monthly traveling expense vouchers (TEV) • Provision of nebulizer, oxygen set, genset or car battery and inverter, timer, thermometer, mask, gloves (Tandubas only) • Training of 1 TB microscopist dots partner (Tandubas only) • Provision of additional manpower (2 midwives) (Tandubas only) • Provision of FHSIS ledgers • Advocate to give incentives to BHWs • Lobby for inclusion of RHU in municipal annual budget

Strategies
<p>Priority:</p> <ul style="list-style-type: none"> • ADVOCATE FOR INCREASE OF IPHO AND DISTRICT HEALTH BUDGET TO INCLUDE MAINTENANCE AND OPERATING EXPENSES (MOOES) OF RHU • IMPROVE THE PROCUREMENT AND DELIVERY SYSTEM FOR DRUGS AND OTHER LOGISTICS (INCLUDING SEA AND LAND TRANSPORT) • BUILD THE TECHNICAL CAPABILITY OF HEALTH PERSONNEL ON TB, FP, HIV/AIDS, MALARIA, AND

Strategies
<p>IEC</p> <p>Other Strategies:</p> <ul style="list-style-type: none"> • ESTABLISH TWO-WAY, SINGLE-SIDE BAND COMMUNICATION SYSTEM (BETWEEN PHO AND MUNICIPALITY, MUNICIPALITY AND BARANGAYS) • INSTITUTIONALIZE MUNICIPAL GOVERNMENT SUPPORT FOR HEALTH THROUGH ADVOCACY AND EDUCATION OF LGU RE IMPROVEMENT OF HEALTH SERVICES • IMPROVE SYSTEM OF DATA BANKING, FILING, RECORD KEEPING, RETRIEVAL • STRENGTHEN EFFORTS TO MEET THE STANDARDS FOR SENTRONG SIGLA AND PHILHEALTH ACCREDITATION • EXPAND SOURCES AND SUPPORT FOR HEALTH INFRASTRUCTURE SERVICES

2. Priority Areas for LEAD Technical Assistance

Priority Areas
<ul style="list-style-type: none"> • Technical assistance on health care financing <ul style="list-style-type: none"> ○ Organizing local health board • Fund Sourcing <ul style="list-style-type: none"> ○ To meet the standard for Sentrong Sigla and PhilHealth accreditation ○ To support health infrastructure and to produce computers for data banking and communication

Priority Areas
<p>For instance:</p> <ul style="list-style-type: none"> ○ Acquisition of computers, transportation/communication facilities, adequate Anti-Malarial/CDD/ARI drugs and other logistics, nebulizer, oxygen set, gen set/car battery and inverter, timer and thermometer for health workers, mask and gloves, examining table and mayo stand with tray, D&C set, other equipment ○ Repair & rehabilitation of health facility ○ Establishment of <i>Botica sa baranggay</i> ○ Fuel for genset and payment of light bill <ul style="list-style-type: none"> ● Training of Health Professionals <p>For instance:</p> <ul style="list-style-type: none"> ○ Basic compre ○ HIV/AIDS management and prevention ○ Tb microscopist dots partner ○ Capability building on TB, HIV/AIDS, malaria, IEC <ul style="list-style-type: none"> ● Collaboration with GEM, AMORE (USAID-funded programs) and other funding agencies ● Development of Information and Education Campaign (IEC) materials and capability

Types of Support Envisioned

SUPPORT	PANGLIMA SUGALA	SAPA-SAPA	TANDUBAS
A. Family planning Services			
a. BHW competency-based training in FP	✓	✓	✓
b. Establish group “counseling” approach for FP / sterilization client orientation (mini-workshops for couples)	✓	✓	✓
c. Link services to strategies for contraceptive self-reliance (encouraging private sector supply, LGU support for commodities, etc)	✓	✓	
d. FP Updates in new guidelines and in client education for improved continuation	✓	✓	✓
e. IUD insertion refresher and confidence support for midwives and nurses	✓	✓	✓

SUPPORT	PANGLIMA SUGALA	SAPA-SAPA	TANDUBAS
f. Tubal Ligation training: refresher or initial training, depending on need			✓
g. NSV training: refresher for doctors trained but not confident; initial training for both public and private, as needed			✓
h. Using information for managing FP services: method mix, stock management, estimating coverage, etc	✓	✓	✓
i. Establish referral links between public and private sector providers		✓	✓
j. Support local strategies to cope with commodity reductions.		✓	✓
k. Provide DOH-approved, updated reference material for medical eligibility for FP methods	✓	✓	✓
B. TB			
a. Improving case finding	✓	✓	✓
b. Expanding implementation of community-based DOT support	✓	✓	✓
C. HIV/AIDS and STI (initially in the HIV sentinel sites)			
a. Refresh and update staff and add new skill re: new reaching new target groups (intravenous drug users, etc)		✓	✓
b. Train additional workers: in HIV education and counseling for prevention; STI management; condom use and negotiation skills; LGU advocacy	✓	✓	✓
c. Strengthen HIV and STI surveillance		✓	
d. Design intervention strategies for specific high-risk groups	✓	✓	✓
e. Establish STI referral mechanisms between NGOs and public health facilities		✓	✓
f. Strengthen implementation of multi-sectoral HIV/AIDS, STI Council decisions: fund allocation, implementation plans, expenditure approval process		✓	
D. MIS			
a. Implement CBMIS, adding TB (provides front line workers with child health and family planning info about community)	✓	✓	✓
g. Health indicator and disease surveillance	✓	✓	✓
E. Drug Logistics			
a. Inventory management (facility level, LGU levels)		✓	✓
b. Procurement systems	✓	✓	✓
c. On-going distribution systems for drugs and FP supplies		✓	✓
F. Policy and Governance			
h. Support for local policy/ordinances to be supportive of these health areas	✓	✓	✓
i. Support strategies for increased LGU financing of FP, etc.	✓	✓	✓

SUPPORT	PANGLIMA SUGALA	SAPA-SAPA	TANDUBAS
j. CSR plan design and implementation		✓	✓
k. Advocacy support for integration of health initiatives in development programs	✓	✓	✓
l. Support to LGU leadership in using local legislation to promote health goals	✓	✓	
1. Management – General			
a. Management in public health, including family planning services management for MHOs and other key personnel	✓	✓	✓
b. Supervision – strengthen technical support role of public health nurses, midwives, etc	✓	✓	✓
c. Presentation techniques		✓	✓

Highlights of the Discussion:

- **Collaboration of funding agencies**
- Non-inclusion of health activities in LGU budget
- Need to rehabilitate nearby hospitals
- How to become PhilHealth accredited
- How to establish “Botica sa Baranggay”
- Health activities are not included in LGU budget

Group 3 District Health Zone Composed of the Municipalities of South Ubian, Mapun and Turtle Island

1. Health Strategy Formulation

SOUTH UBIAN

STRATEGIES

BUILD-UP/UPGRADE KNOWLEDGE AND SKILLS OF HEALTH WORKERS AND MANAGERS

- Conduct training on DOTS
- Training for Microscopist
- Training on FP Counseling

SET-UP ADEQUATE TRANSPORTATION AND COMMUNICATION SYSTEM FOR IMPROVED DELIVERY OF SERVICES

- Provision of transportation (sea)
- Provision of pumpboat
- Provision of communication equipments

ENLIST LGU SUPPORT AND COMMITMENT FOR PRIORITIZING HEALTH PROGRAMS

- Source out for funding
- Conduct orientation on PhilHealth programs
- Hiring and training of Microscopist
- Recognition/Awards for active supportive LGU's
- Recognition/OST for active committed health workers/BHWs

IMPROVE THE HEALTH INFORMATION SYSTEM

- Provide office equipments to improve report and record keeping

PROVIDE ADEQUATE FACILITIES, DRUGS, SUPPLIES AND OTHER LOGISTIC SUPPORT

- Provision of sputum cups and slides
- Provision of meds and other basic medical supplies
- Supplemental TEV's
- Additional TEV's
- Early release of TEV's
- Upgrade health facility by renovating the RHU

MAPUN/TURTLE ISLAND

STRATEGIES

BUILD-UP/UPGRADE KNOWLEDGE AND SKILLS OF HEALTH WORKERS AND MANAGERS

- Conduct training on DOTS (HWs and BHWs)
- Conduct training on quality assurance on DOTS
- Conduct training on IUD insertion and BTL and NSV

SET-UP ADEQUATE TRANSPORTATION AND COMMUNICATION SYSTEM FOR IMPROVED DELIVERY OF SERVICES

- Provision of transportation (pumpboat/speedboat and land vehicle)
- Continue and strengthen information education and advocacy campaigns
- Conduct community assemblies for advocacy and IEC
- Organize health families' coalition as advocacy and lobby group

ENLIST LGU SUPPORT AND COMMITMENT FOR PRIORITIZING HEALTH PROGRAMS

- Lobby support of LGU for inclusion of health budget.
- Increase support of LGU to health
- Orient LCE's or LGU's on their responsibilities under R.A. 7041 (Local Government Code of the Phils.)

IMPROVE THE HEALTH INFORMATION SYSTEM

- Provision of computer for data recording
- Provide office supplies and equipments for proper records and reports keeping
- Provision of computer for health information system
- Reactivate and strengthen Local Health Boards

STRATEGIES	
PROVIDE ADEQUATE FACILITIES, DRUGS, SUPPLIES AND OTHER LOGISTIC SUPPORT	
<ul style="list-style-type: none"> • Provision of TB manuals, slides and sputum cups • Provision of additional TB drugs • Improve delivery system Mapun supplies from IPHO • Supplemental TEV's • Upgrade lab facilities • Acquisition of essential tools and instruments for DOH frontline workers 	

2. Priority Areas for LEAD Technical Assistance

SOUTH UBIAN

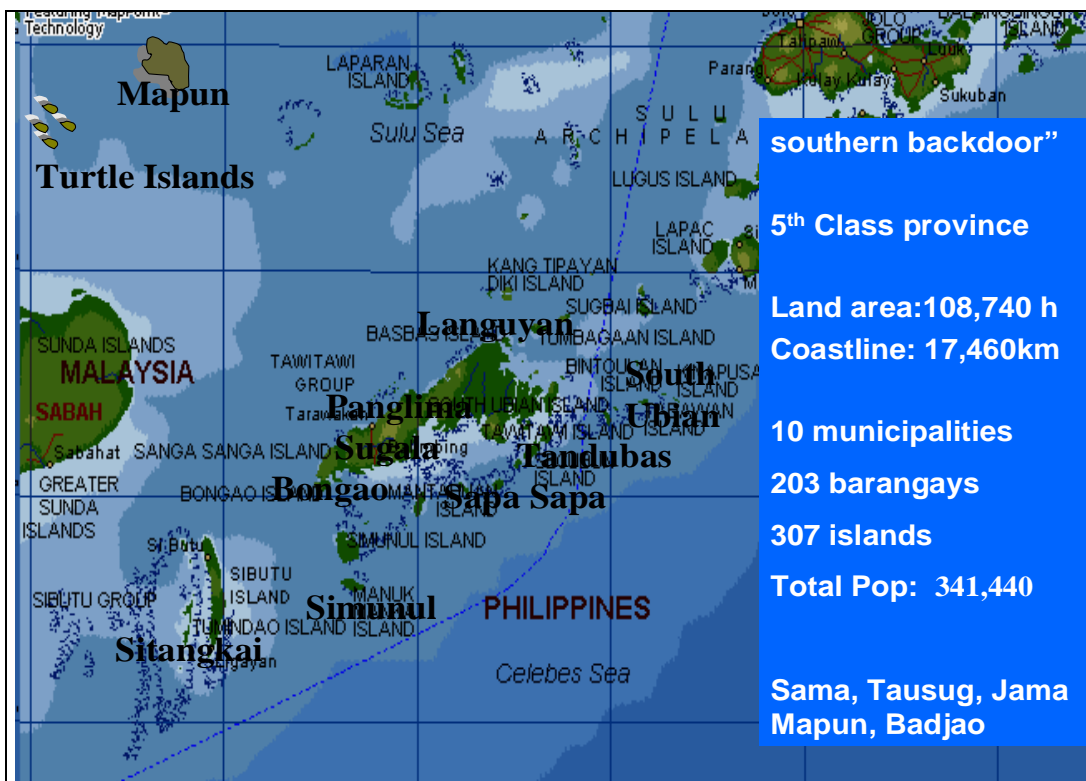
AREA OF CONCERN	AREAS FOR TECHNICAL ASSISTANCE
Family Planning	<ul style="list-style-type: none"> • Capability building <ul style="list-style-type: none"> ○ BHW competency training ○ FP updates in new guidelines • Link services for contraceptive self-reliance • Assistance on contraceptive plan in preparation for pull-out
TB-DOTS	<ul style="list-style-type: none"> • Improving case finding • Expand implementation • Assistance for linkages sourcing out fund • Mgt. in Public Health including FP services • Strengthen technical support role of PHNs, RHMs, etc.
Health Management	<ul style="list-style-type: none"> • Inventory Management (facility level) • Support strategies for increase LGU financing of FP • Support for local policy and ordinances

	<ul style="list-style-type: none"> • Advocacy support for integration of health initiatives • Assistance in providing sea transportation and communication equipment • Financial assistance in setting up adequate transportation and communication equipment • Assistance for improving health information system.
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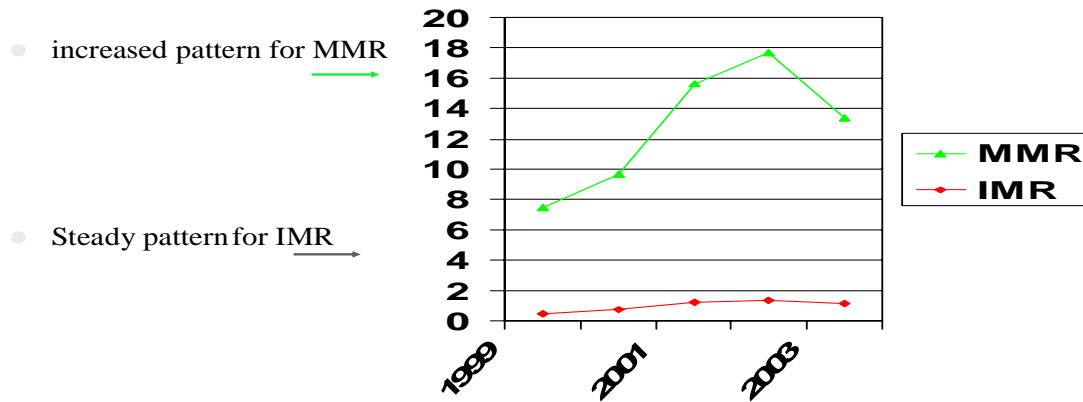
MAPUN AND TURTLE ISLAND

AREA OF CONCERN	AREAS FOR TECHNICAL ASSISTANCE
Family Planning	<ul style="list-style-type: none"> • Capability building <ul style="list-style-type: none"> ○ BHW competence-based training. ○ NSV training • Establish group counseling approach for FP/Sterilization client orientation (mini workshop for couples) • Assistance on contraceptive health plan
TB-DOTS	<ul style="list-style-type: none"> • Expanding implementation of community-based DOTS support • Improving case finding
Health Management and Financing	<ul style="list-style-type: none"> • Management Information System <ul style="list-style-type: none"> ○ Implement CBMIS, adding TB ○ Provide DOH approved updated reference material for medical eligibility for FP methods • Health Indicator and disease surveillance • General management and supervision • Policy and Governance <ul style="list-style-type: none"> ○ Support strategies for increase LGU financing of FP, etc • Assistance for acquisition of land and sea (pumpboat) transportation and computer unit.

ANNEXES



Infant Mortality Rate and Maternal Mortality Ratio 1999-2003



5 common diseases in all ages

Malaria
URTI
AGE
Pneumonia
Hypertension

5 Common Childhood Illnesses

URTI
AGE
Malaria
Pneumonia
Skin Diseases

Common Causes of Maternal Deaths

- Postpartum hemorrhage
- Puerperal sepsis
- Septic shock secondary to fetal death
- Severe Eclampsia

Abortion cases at DHSMH

2001: 82 cases

2002: 38 cases

2003: 15 cases

Health Facilities

- Government:
 - 1 Provincial Health Office
 - 3 District Hospitals – DHSMH, TLLMH, CDH
 - 2 Municipal Hospitals – DABMH, LMH
 - 12 Rural Health Units
 - 49 Barangay Health Stations
 - 17 with buildings and 32 w/o buildings
 - 1 Floating Clinic (under major rehabilitation through EnRICH-ACDI/VOCA-USAID)
 - 1 Health & Nutrition Multipurpose Center
- Private: 1 hospital, 10 medical and 6 dental clinics

M a n p o w e r

HOSPITAL BASED HEALTH WORKERS

Health workers	DHSMH	TLLMH	CDH	DABMH	LMH	TOTAL
Doctors	8	3	2	1	1	15
Nurses	8	4	4	4	4	24
N. Attendants	4	4	4	4	4	20
Dentist	1	1	1	0	0	3
Med Tech	3	1	1	1	1	7
Pharmacist	1	1	1	1	1	5
X ray Tech	1	0	1	0	1	3
Utility Workers	4	3	3	2	2	14
others	5	4	4	2	2	17

M a n p o w e r

FIELD HEALTH SERVICE

- **4 Municipal Health Officers**
- **11 Public Health Nurses**
- **8 Medical Technologists**
- **2 Dentists**
- **47 Rural Health Midwives**
- **12 Rural Sanitary Inspectors**

COMMUNITY HEALTH VOLUNTEERS

- ✓ **263 BHWS**
- ✓ **200 TBAs**

Others:

LGU: 72 nurses and midwives

EnRICH: 5 FP Municipal Coordinators

Sentrong Sigla Facility

RHU with SS Seal 2002
in Panglima Sugala



PhilHealth Accredited Facilities
-NONE-

PhilHealth

Municipality	Total
1. Bongao	2,310
2. Simunul	587
3. Sibutu/Sitangkai	430
4. Languyan	422
5. Sapa Sapa	199
6. South Ubian/Tabawan	85
7. Tandubas	70
8. Mapun	0
9. Taganak	0
10. P. Sugala	0
Grand Total	4,105

IPHO Tawi Tawi APPROPRIATION

PERSONAL SERVICES	3,367,008	23,876,000	609.12%
MOOE	3,589,280	6,171,000	71.93%
CAPITAL OUTLAY	949,000	-	-
TOTAL	7,905,288	30,047,000	

Health Systems

1 IPHO
3 District Health Services
2 Municipal Hospitals

Referral Hospitals

province: DHSMH
district: TLLMH, CDH
municipal: DABMH, LMH

Special Programs & Projects on FP/MCH/TB/Vit A

- S.P.E.E.D.S. for Quality Health Care
(Strengthening Partnership through
Effective & Efficient Delivery of
Services for Quality Health Care)
- LGU-NGO-IPHO partnerships & collaboration
- Matching Grant Program : MSH-DOH ARMM-USAID
 - -2 LGUs (2002-2003)
 - - 4 expansion (2003-2004)
- Vitamin A & IMCI: HKI –USAID - 2002-2004
- Enhanced & Rapid Improvement of Community Health
(EnRICH) -USAID– 5 existing (2003-2004)
ACDI/VOCA - 5 possible expansion (2005-2006)

Health Program Coverage 2003

Municipality	CPR /NA/CU	TB DOTS		VitA Coverage	FIC	Ligtas Tigdas	
		CDR	Cure Rate			Measles	VitA
P. Sugala	2,032	28%	94%	91%	94%	95%	124%
Bongao	1,738	95%	66%	100%	96%	106%	92%
Simunul	1,695	60%	61%	92%	92%	99%	99%
Sitangkai	4,231	39%	34%	108%	90%	103%	100%
Languyan	776	2%	50%	63%	59%	86%	93%
Sapa Sapa	493	23%	100%-	99%	91%	85%	88%
Tandubas	843	64%	32%	102%	82%	106%	121%
South Ubian	498	26%	20%	109%	75%	87%	87%
Mapun	1,067	49%	65%	40%	34%	67%	77%
Taganak	119	13%	-	78%	48%	99%	110%
TOTAL	13,497	42%	52%	93%	84%	95%	98%

Major Issues and Concerns

Strengths	Weaknesses	Future Directions
<ol style="list-style-type: none"> 1. Presence of competent health manpower 2. DOH personnel are the most visible government workers in the field 3. Established strong partnership and collaboration with NGOs/LGUs 	<ol style="list-style-type: none"> 1. Low salary 2. Inadequate funds for travel/outreach activities 3. Insufficient logistics 4. Lack/dilapidated facilities 5. Poorly equipped health facilities 6. Large catchment areas: large gap on manpower:population ratio 7. Geographical isolation of many island barangays 	<ol style="list-style-type: none"> 1. Lobby for support on incentives/ inclusion of health budget among LGUs: 2. Provide opportunities for continuing education : send for trainings/seminars 3. Construction/ Renovation of health facilities 4. Employ contractual workers through LGU support 5. Proposed for additional plantilla of personnel and MOOE

Major Issues and Concerns

Strengths	Weaknesses	Future Directions
<ol style="list-style-type: none"> 4. Good linkages and networking with donor agencies 	<p>Poorly defined/enforced organization set up and relationships (DOH-ARMM/Central/CHD-DHS-LGU)</p> <p>Focused of assistance/programs are not local health priorities</p> <p>Assistance and aid from foreign funded projects are donor-driven</p>	<ul style="list-style-type: none"> ● Prioritize programs according to the needs and prevailing health problems ● Sustain partnership and collaboration with LGUs and NGOs ● Improve community participation and Social Mobilization ● Strengthen coordination with funding agencies to address the local health needs
<ol style="list-style-type: none"> 5. active and committed health volunteers 	<p>Unpredictable peace and order situation</p>	<p>Sustain innovative mechanisms to provide better access and improve the service delivery</p>

Wassalamu Alaikum!!!

*Enriching people's health
as a gateway
for Peace and Progress
in 2004 and beyond*



Presented by:
DR SUKARNO U. ASRI
Provincial Health Officer 11

Other data

Parameters	1996	1997	1998	1999	2000	2001	2002	2003
IMR	10.18	15.98	13.44	8.74	10.66	16.70	18.47	13.7
MMR	2.91	2.66	2.1	0.48	0.43	0.56	1.92	1.12
Total Fertility Rate								
Annual Growth Rate								

	96	97	98	99	00	01	02	03
CPR	12.94	12.58	12.97	15.14	27.70	24.93	26.61	26.33
New acceptors	4,953	2,395	1,579	1,362	8,084	7,322	7,928	8,803
Current Users	4,852	4,903	4,965	6,115	13,391	10,437	13,365	13,497
Pre-natal Care	72	97	61	70.74	64	60.5	58	68
Natal Care	78	79	65	65.17	83	86.52	78.8	84.43
Post-natal care	78	79	65	65.17	83	86.52	77.61	84.43

	96	97	98	99	00	01	02	03
TT immunization	60.85	93	59.8	67.97	85	78.4	82.34	85.38
RTI/STD	2	1	2	3	3	2	1	1
FIC			84.17	83.93	89.8	91		84
Deliveries					6,995	7,246	7,795	8,903

Mortality 2003	Number	Rate
Pneumonia	58	16.97
CAD	50	14.63
Malaria	43	12.58
Senility	43	12.58
Hypertension	41	12
TB	34	9.95
CA	28	8.2
GSW	21	6.14
Accidence	13	3.8
Renal Dss	7	2.04

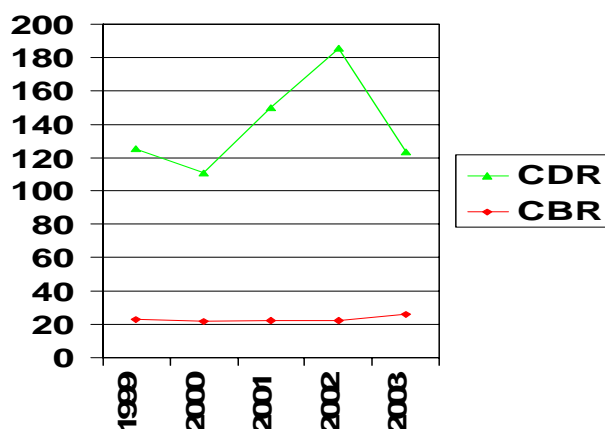
Morbidity 2003	Number	Rate
Malaria	7412	2169.53
Scabies	5265	1541.1
Bronchitis/Bronchiolitis	3951	1156.48
Influenza	3495	1023.0
Diarrhea	3099	907.1
Pneumonia	2580	755.18
Dss of the Heart	1122	328.42
Hypertension	1018	297.99
Parasitism	754	220.7
Wounds	511	148.57

IMR 2003	Number	Rate
Pneumonia	47	5.92
AGE with DHN	19	2.13
Prematurity	18	2.02
Malaria	14	1.59
Severe anemia 2 malnutrition	6	0.67
Stillbirth	5	0.56
Sepsis	4	0.44
Tetanus neonatorum	4	0.44
Congenital anomaly	3	0.33
Cord bleeding	2	0.22

Crude Birth Rate and Crude Death Rate 1999-2003

- High CDR in a saw pattern →

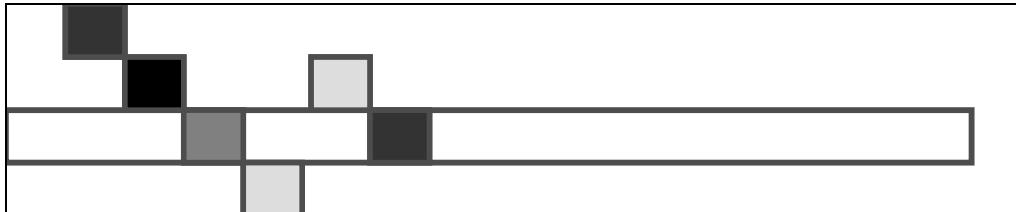
- Steady increase in CBR →




MMR 2003	Number	Rate
Postpartum sepsis	3	.33
Prolonged labor	1	.11
Eclampsia	1	.11
Hypovolemic shock 2 placenta previa	1	.11
PUFT, MI, Fetal death	1	.11
Postpartum hemorrhage	1	.11
Placental retention	1	.11

Dr Moh. Shan J. Abdulwahid
EnRICH, Public Health Specialist





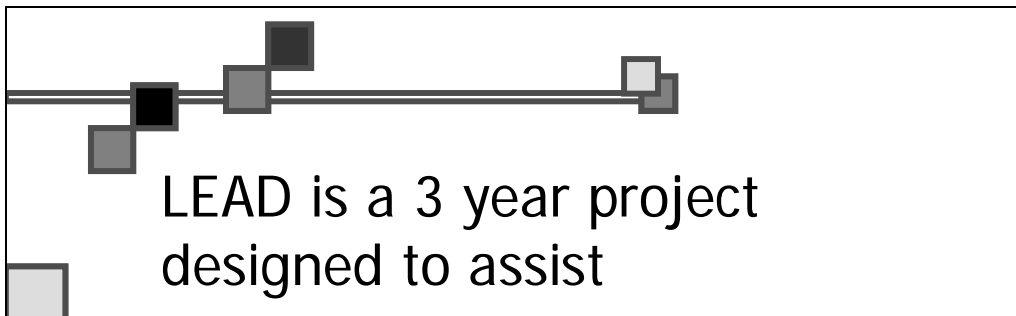
LEAD4Health (Local Enhancement and Development for Health)



Autonomous Region of Muslim Mindanao
Department of Health
Leagues of Municipalities and Cities
Management Sciences for Health
Save the Children

1

4/27/2004



LEAD is a 3 year project designed to assist

- More than 530 LGUs nationwide
- covering 35% of population
- 80% of barangays/LGU
- More than 1/2 of Mindanao
- All of ARMM

2

4/27/2004



Assistance aims to

1. **Increase local level support** for Family Planning and health services
2. **Improve the financial, managerial, technical capabilities** of LGUs in providing FP/MCH/TB/HIV-AIDS services
3. **Increase local and national policy support** to health services

3

4/27/2004



Examples of Assistance (Needs-based)


- Installing community-based management information system to track clients for FP and TB
- providing support so that RHUs become PHIC accredited and Sentrong sigla certified
- Training of LCEs, MHOs, RHM and BHWs

4

4/27/2004



Assistance should help in attaining national targets:


- Increase contraceptive prevalence rate to 40%
 - Increase TB treatment success rate to 70%
 - Increase Vitamin A supplementation to 85%
 - Maintain HIV seroprevalence rate to < 3%
- 

5

4/27/2004



How we will engage ARMM

- Orient the Governor of ARMM
 - Orient DOH-ARMM
 - Get Letter of Intent from Governor
 - Assess and Plan/ ARMM Strategy Dev.
 - Sign Memorandum of Agreements
 - Provide Technical Assistance
 - Monitor and evaluate
- 

6

4/27/2004



End of project targets: Governance

- Increased share of FP/TB/HIV-AIDS/MCH in LGU budget
- Ordinances enacted to support financing for FP/ other health services
- Formulation and adoption of a local CSR+ plan
- Enrolment of indigents under NHIP
- Adoption/ implementation of an LGU plan for strengthening services & improving quality of FP/ other health services

7

4/27/2004



End of Project targets: FP and health systems


- Functional health information system
- 99% availability of oral contraceptives
- RHU – Sentrong Sigla –certified and PHI-accredited
- RHU providing routine Vitamin-A supplementation
- All HIV-AIDS sites implementing interventions and improved surveillance activities
- Increased access to quality modern FP services

8

4/27/2004



LEAD

- LGU-led
 - Enhances cooperation and collaboration
 - Advocates for quality programs on FP/TB/Vit A/HIV-AIDS
 - Demand-driven
- 

HSRA

5 Major Reforms

- 3 in the area of health

Service delivery namely:

- Hospital Reforms
- Public Health Reforms
- Local Health System Reforms
- 1 in health sector regulation
- 1 in health services finance

Hospital Reforms:

- Provide fiscal autonomy for gov't. hospitals wherein they will be allowed to collect, retain and allocate revenues from socialized user fees.
- Revenues retain will be used to upgrade critical capacities i.e. equipment and facilities.
- End result – to make gov't hospitals more competitive and responsive to health needs.

Public Health Reforms

- Secure funding for priority health programs to eliminate or significantly reduce the burden of infectious diseases as public health problems.
- For this purpose, the management capacity and infrastructure must be upgraded.

Local Health Systems Reforms

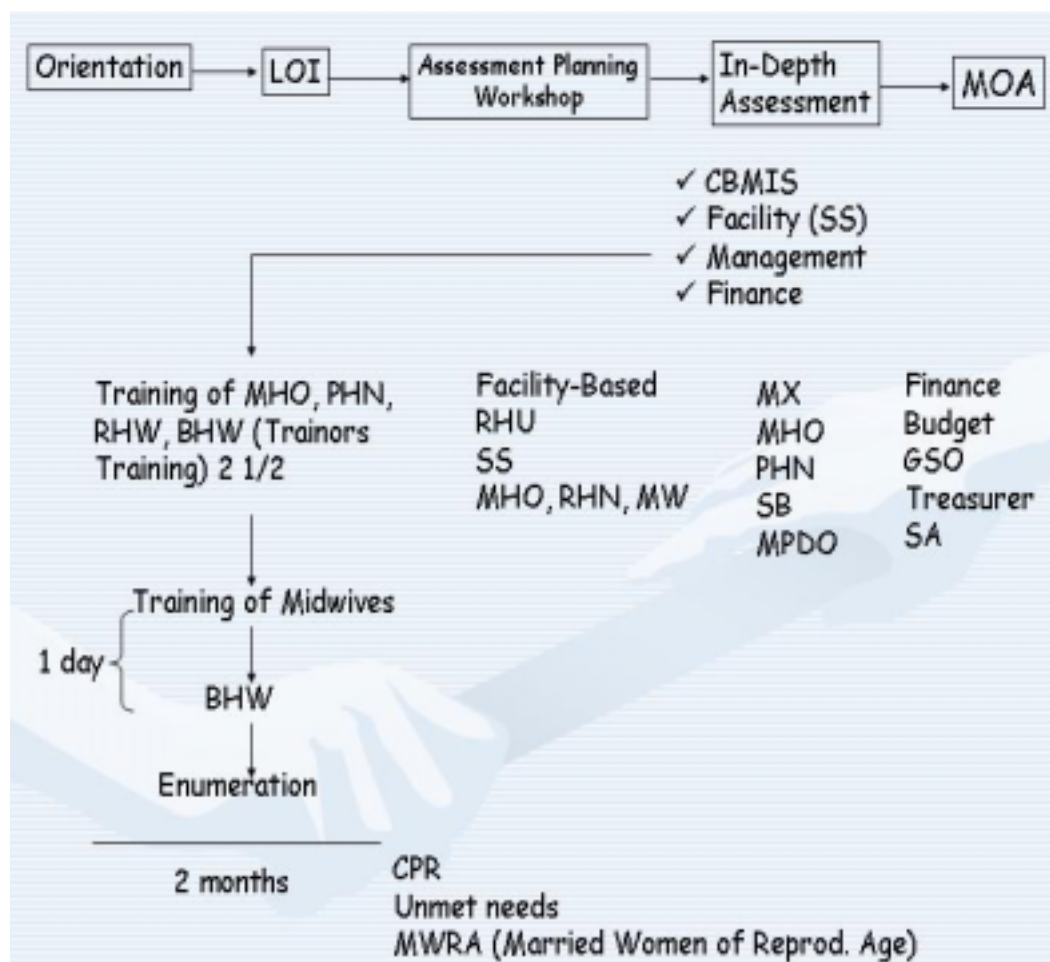
- Promote the development of local health systems and ensure its effective performance thru an enabling environment that will encourage closer coordination and cooperation among local government units.
- Mechanism to sustain funding to bring local health capacities up-to-date thru well thought programs and cost-sharing arrangements must be put in place.
- A public and private partnership can be fostered

Health Sector Regulation

- To strengthen capacities of health regulatory agencies either thru legislation, regulatory mandates, guidelines and strict enforcement must be established and implemented.

Health Services Financing

- Expand the coverage of NHIP to ensure adequate coverage and protection to a wider population especially the poor.



HIGHLIGHTS OF THE OPEN FORUM

On the Provincial Health Situation:

1. On the Magna Carta. A participant stated that the benefits under the Magna Carta law have not been granted to health professionals/workers and asked whether there is anything that can be done about it?

DOH Undersecretary Dr. Mila Fernandez said that the Magna Carta problem is encountered all over the country. It is an unfunded law. If the LGU has no savings, a request for assistance can then be sent to the Regional Health Office. Basically, no savings means no funding.

Dr. Sana on the other hand said that DBM would be the right agency to ask about the Magna Carta.

2. On the Governance structure for Tawi-Tawi: Dr. Eddie Dorotan of MSH asked which is the best governance structure for Tawi-Tawi? He likewise asked the body if they want it rationalized or whether they want to be under ARMM?

Re-nationalization was the answer of some of the participants.

On the LEAD for Health Project:

1. Contraception in Tawi-Tawi: It was stated that there is no prohibition that is absolute in terms of the Muslim religion. The method only needs to be safe to the user.
 2. Pump boats will be very useful in the province because of the geography.
 3. In ARMM, the LGUs are not mandated to allocate a budget for health activities.
 4. Dr. Fernandez noted that the ARMM government could show goodwill by giving help to the LGUs. She recommended that a study of the budget of ARMM be done to see if (a) is there a budget for health activities and (b) how can funds be devolved to the LGU? RHUs should try to get funding from the LGUs, the national government and from ARMM.
 5. Dr. Asri stated that they want funds to be devolved to the LGU. On the other hand, the LGUs are highly politicized and this can cause problems.
3. On PhilHealth-accredited facilities: There are no PhilHealth-accredited hospitals in Tawi-Tawi but several memberships cards have been issued

already. Hospitals cannot be accredited because they are below standard. Many are probably not even DOH-accredited nor members of Philippine Hospital Association.

On the PhilHealth Presentation:

1. Tawi-Tawi does not have any PhilHealth-accredited RHU/hospital. Tawi-Tawi did not send a representative to the last orientation held by PhilHealth for the area.
2. Participants requested that some requirements for accreditation be done away with. Both Dr. Paraguya and Dr. Fernandez said that that is not possible since standards have to be maintained. However PhilHealth and DOH will help find solutions to problems with requirements, e.g., affiliation with institutions in Zamboanga City since there is no accredited X-ray facility nor a Pulmonologist in Bongao.
3. PhilHealth payment goes directly to accredited RHU/hospital. However, payment for OPD goes to the LGU in the form of capitation since the LGU pays the premium. In the case of ARMM, the RHU is not devolved to the LGU, and therefore, payment goes to the governor instead of the mayor.
4. Dr. Fernandez encouraged participants to: (1) get licensed by DOH; (2) get primary accreditation from PhilHealth; and (3) work for secondary accreditation from PhilHealth.
5. PhilHealth will not accept premium payments from NGOs. There has to be an LGU counterpart.
6. Tawi-Tawi will send representatives to the orientation scheduled in April.

Highlights of Closing Remarks

Dr. Milagros Fernandez- Undersecretary of Health, Mindanao Health Development Office:

- Encouraged participants to take an active role in making LEAD for Health a success in terms of infrastructure and manpower.
- Noted that Tawi-Tawi showed very good performance based on Cure Rate. However, Case Detection Rate has to be improved.
- In FP, RHUs should exert effort to increase NA using effective methods (injectables, permanent sterility, etc.)
- Vit. A Supplementation will be rendered useless if not accompanied by Routine Immunization.
- Malaria still remains the number one health problem in Tawi-Tawi. The province should ask LEAD for Health to assist in this problem.
- In spite of the small number of manpower, Tawi-Tawi should be proud that they were able to perform so well. Together with Maguindanao, it is the best performer in ARMM.
- Before asking for gen set, light and sea transport, province should think of ways to sustain these (repair, maintain) once received.
- Look for capability-building training programs for managers, administrators, health providers. JICA has been very effective with their training programs on these.

Ms. Marichi de Sagun - Cognizant Technical Officer, OPHN-USAID:

- She is always being asked why LEAD for Health does not implement a program to address Malaria. She noted though that although the four components do not directly address the problem, it does so indirectly. Malaria can be touched, for instance, by the acquisition of microscope for TB detection. Some solutions can come indirectly.
- Let LEAD for Health lead participants to think of creative/innovative ideas. Think out of the box. If the program does this, then it will have been a success.
- One good idea that came out of this workshop is asking GEM, AMORE and other funding groups to collaborate on programs for Tawi-Tawi.
- Health problems have to be articulated in the local level.

LIST OF PARTICIPANTS

Name	Position Title, Office
Department of Health	
Dr. Milagros Fernandez	Undersecretary of Health for Mindanao, DOH
Dr. Antonio O. Faraon	Division Chief, BLHD - DOH
Dr. Francine Laxamana	Supervising Health Program Officer, BLHD - DOH
DOH-ARMM	
Dr. Elias Sana	Assistant Secretary, DOH – ARMM
Dr. Farida Uka	DOH – ARMM Consultant
Province	
Dr. Sukarno U. Asri	Provincial Health Officer
George B. Malbun, MPA	IPHO
Genaro E. Lorena, III	Human Resource Management Officer II, IPHO
Joseph S. Quiling	N IV, IPHO
Francis C. Gonzales, C.E.	Engineer III, IPHO
Senona C. Pasigna	N3, FP & MCH Coordinator, IPHO
Rosemarie R. Ho	Nurse, IPHO
Carolyn M. Mohdshaid	N II, IPHO
Dayang Carlsum J. Sungkala	Health Education and Promotion Officer (HEPO) II, IPHO
District Health	
Dr. Edward H. Chio	IPHO
Dr. George R. Lee	OIC, TLLMH Sapa-Sapa
Municipalities	
Jocelyn A. Bulante	RHU, Bongao
Sitti Nuria A. Aynin	PHN, Simunul
Dr. Sangkula G. Laja.	MHO, Sitangkai
Fatima A. Jahama	PHN, Panglima Sugala
Elsa B. Pescadera	N III, RHU Sapa-Sapa
Dr. Allaminda P. Uribe	MHO, RHU Tandubas
Hja. Faiza G. Jailani	Nurse II – South Ubian
Dr. Minda L. Guisadio	RHU, Mapun, Turtle Island
Zenaida Alingangao	Nurse – Mapun Island
Guests	
Ms. Marichi G. de Sagun	Cognizant Technical Officer, OPHN-USAID
Dr. Moh Shan Abdulwahid	ENRICH Project (AICDI-VOCA)